

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10 / 575485

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9	2		1	1		
10	5		1	1		
11	5	1	1	1		
12	5	1	1	1		
13	5	1	1	1		
14	5	1	1	1		
15	5	1	1	1		
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50						
TOTAL IND.	1		1			
TOTAL DEP.	19	←	18	←		←
TOTAL CLAIMS	20		19			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.				↓		
TOTAL DEP.					↓	
TOTAL CLAIMS				←		←